

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/856814

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	1		1			
4	1		1			
5	1		1			
6	1		1			
7	1		1			
8	2		1			
9	1		1			
10	1		1			
11						
12	1		1			
13						
14	1		1			
15	1		1			
16	1		1			
17						
18	3		1			
19	1		1			
20	1		1			
21	1		1			
22	1		1			
23	1		1			
24	1		1			
25	2		1			
26	1		1			
27	1		1			
28						
29	1		1			
30	1		1			
31	1		1			
32	1		1			
33	1		1			
34						
35						
36	3		1			
37	1		1			
38	1		1			
39	1		1			
40	1		1			
41						
42	1		1			
43	1		1			
44	1		1			
45						
46						
47						
48						
49						
50						
TOTAL IND.			5			
TOTAL DEP.			39			
TOTAL CLAIMS			44			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3331